

Assembly Bill No. 1726

Passed the Assembly August 24, 1998

Chief Clerk of the Assembly

Passed the Senate August 17, 1998

Secretary of the Senate

This bill was received by the Governor this ____ day
of _____, 1998, at ____ o'clock __M.

Private Secretary of the Governor

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CHAPTER ____

An act to add Section 1367.01 to the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1726, Bustamante. Health care service plans.

Existing law provides for the licensure and regulation of health care service plans by the Department of Corporations.

This bill would state legislative intent that a health care service plan be required to ensure that enrollees and prospective enrollees are provided with accurate and complete information to assist them in making choices about their health care and to provide access to a wide range of primary health care providers and specialty health care providers.

The bill would state legislative intent that every health care service plan be required to provide for care in accordance with accepted medical practice.

This bill would state legislative intent that emergency health care services for an enrollee be required to be covered by a health care service plan as part of the basic health care services required by existing law.

This bill would state legislative intent that a health care service plan and its contractors be required to ensure the confidentiality of the medical information of an enrollee.

The people of the State of California do enact as follows:

SECTION 1. Section 1367.01 is added to the Health and Safety Code, to read:

1367.01. (a) This section shall be known and may be cited as the Family Health Care Rights Act.

(b) It is the goal of the Legislature that Californians enrolled in health care service plans receive the best possible health care. It is the intent of the Legislature to set forth in this section the following principles:



(1) Every health care service plan shall ensure that enrollees and prospective enrollees are provided with accurate and complete information to assist them in making choices about their health care, as required by this chapter, including, but not limited to, Section 1363.

(2) Every plan shall provide access to a wide range of primary health care providers and specialty health care providers to ensure that an enrollee is able to choose a qualified provider, as required by this chapter, including, but not limited to, Sections 1367 and 1373.3.

(3) Every plan shall provide for care in accordance with accepted medical practice as required by this chapter, including, but not limited to, Sections 1367 and 1363.5. Utilization review may be used by a plan as permitted by this chapter. When a covered service is denied, the plan shall ensure that a fair and equitable review process is provided as required by this chapter, including, but not limited to, Sections 1368, 1368.01, 1368.1, 1370.2, and 1370.4.

(4) Emergency health care services shall be covered as part of the basic health care services, as required by this chapter, including, but not limited to, Sections 1367 and 1371.4.

(5) Every plan shall ensure that the confidentiality of the medical information of an enrollee is protected in accordance with applicable state and federal law.

(c) The department shall enforce the provisions of this chapter consistent with the Family Health Care Rights Act.

(d) The principles described in this section shall not take precedence over, nor shall they be treated with any less importance than, any other principles that may underlie the provisions of this chapter.

Approved _____, 1998

Governor

